

350 SOUTH DECATUR STREET
MONTGOMERY, ALABAMA 36104
(334) 242-4036 FAX (334) 240-3178

SALESPERSON'S NAME _____
(First) (MI) (Last)

DOB ____/____/____ SS NO. ____/____/____ DL NO. _____

SALESPERSON'S LICENSE NUMBER _____

RETAIL CENTER _____

RETAIL CENTER LICENSE NUMBER _____

LOCATION ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____ FAX (____) _____ COUNTY _____

NEW RETAIL CENTER _____

NEW RETAIL CENTER LICNSE NUMBER _____

LOCATION ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____ FAX (____) _____ COUNTY _____

SIGNATURE _____ DATE _____

(PLEASE PRINT OR WRITE LEGIBLY)